

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09 482969**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓		✓		51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	✓		✓		✓		58						
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12							62						
13							63						
14							64						
15	✓		✓		✓		65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3		3		TOTAL IND.						
TOTAL DEP.	21		21		21		TOTAL DEP.						
TOTAL CLAIMS	24		24		24		TOTAL CLAIMS						